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Under the Pa	perwork Red	uction Act of 1995	, no person	Application Number	1 .	nformation unless it displays a valid OMB control num 654,163	Der.	
TRANSMITTAL				Filing Date		03/2003		
FORM				First Named Inventor		ZI, Timothy J.		
	1 01	K I V I		Art Unit	1624			
				Examiner Name		T. C. McKenzie		
(to be used for	all correspor	ndence after initial		Attorney Docket Number				
Total Number of	f Pages in Th	is Submission	25	Attorney booker rumbe	OCC	01620K	_	
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Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request			Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revoca  Change of Correspondence  Ferminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on	e Address	After Allowance Communication to Tomation Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):  Exhibits I-VII; Pat. Appln. Fee Det. Record - 1pg.; Post Card			
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Firm Name				AFFEIVANT, ATT	OKILI, C	OKAGENI		
	Custo	mer No: 242	265					
Signature	Signature							
Printed name	PALAIY	UR S. KALY	'ANARA	MAN				
Date 09/22/2005				Reg. No.	34,634			
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sufficient postage the date shown b	as first cla	espondence is b ss mail in an en	eing facsii velope add	mile transmitted to the USI dressed to: Commissioner	PTO or deported for Patents,	osited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 or	h 1	
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For FY 2005 GUZI, Timothy J. First Named Inventor Dr. T. C. McKenzie

Applicant claims small	I ontity status	See 37 CER 1 27	,	Examiner Ivaine	, 01.	T. O. MORCHE	
Applicant claims small	<del></del>			Art Unit	162	24	
TOTAL AMOUNT OF PAY	MENT (\$)	250.00		Attorney Docke	t No. OC	01620K	
METHOD OF PAYMEN	IT (check all	that apply)					
Check Credit		Money Order			please identify		ab Corporation
Deposit Account						Schering-Ploug	il Corporation
For the above-ident			or is ner				
Charge fee(s	•				je fee(s) indi	cated below, exce	pt for the filing fee
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FEE CALCULATION							
BASIC FILING, SEAR     Application Type	FILING			CH FEES Small Entity Fee (\$)		ATION FEES Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE  Fee Description  Each claim over 20 or, for  Each independent claim  Multiple dependent claim  Total Claims  - 20 or HP = HP = highest number of total  Indep. Claims  - 3 or HP = HP = highest number of indep	or Reissues, over 3 or, forms Extra Claim claims paid for Extra Claim	or Reissues, each  s	Fee   Fee	I more than in tendent claim me Paid (\$)	ore than in	the original pate	360 180 <u>s</u>
	drawings of 50 sheets of Extra Sheets	r fraction thereof	See :	35 U.S.C. 41(a) h additional 50 c	(1)(G) and or fraction to	37 CFR 1.16(s) hereof <u>Fee (\$</u>	<u>) Fee Paid (\$)</u> =
4. OTHER FEE(S)  Non-English Specifi	ication. \$1	30 fee (no small	entity	discount)			Fees Paid (\$)
Other: Extra Claim		(12.23	,	,			\$250.00

SUBMITTED BY			
Signature	460/2	Registration No. (Attorney/Agent) 34,634	Telephone 908-298-5068
Name (Print/Type)	PALAIYUR S. KALYANARAMAN		Date 09/22/2005

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